

08/04/2013 20:15 9197154785

DHSR CONSTRUCTION

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PRINTED: 08/27/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER SPRINGVIEW - ROSS BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 1032 B NORTH MEBANE STREET BURLINGTON, NC 27217			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell on July 29, 2015. This facility was first licensed as a Home for the Aged serving 12 ambulatory residents in a Special Care Unit on October 28, 1998. Therefore the facility must meet the 1998 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1998 North Carolina State Building Code, Section 409.1, for Group I Unrestrained Occupancy. Deficiencies were noted which will require a new plan of correction.	C 000	CONSTRUCTION SECTION AUG 31 2015 RECEIVED		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 3. Based on observation, a current report was not available at the time of the survey. Findings include: The current Sprinkler Annual Inspection and Test Report was not available. (7-18-14 on tag at riser)	C 111	(F) ALL COPIES OF REPORTS MAINTAINED AND KEPT IN CENTRAL LOCATION ALL COPIES OF REPORTS MAINTAINED IN A CENTRAL LOCATION (3) HAD SPRINKLER VALVE REPLACED, WAITED 3 WKS ON THE PART. INSPECTION WAS DONE ON 8/26/15. I WILL FAX THE INSPECTION AS SOON AS I HAVE IT.		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 PHYSICAL	C 155			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

7509

F62K21

If continuation sheet 1 of 8

BWH

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C 155	Continued From page 1 ENVIRONMENT (I) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the facility floors were not maintained in a safe manner. Findings include: a) Floor tile cracked in Kitchen foyer b) Floor tile cracked in corridor near room 6	C 155	(A+B) MAINTENANCE ADDED CHECK TO MONTHLY CHECKLIST TO PREVENT CRACKED TILES GOING UNDETECTED.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Bedroom 1 has a handle missing on the end table. b) Bedroom 6 has a worn chair.	C 164	(A+B) WILL HAVE MAINTENANCE REPLACE TILES AND WILL HAVE FLOOR GUYS SEAL BY 9/4/15. MAINTENANCE CHECK ADDED TO MONTHLY LIST. (A) REPLACED HANDLE (B) REPLACED CHAIR	

EW

United Sprinkler Company, Inc.

Report of Inspection of Dry Fire Protection Systems

Date of Inspection: 8-28-2018

System Number: 1 of 1

Name of Property being Inspected: 1032 "B" North Mabane St. Burlington, NC

TRIP TEST TABLE

Dry Pipe Operating Test	Dry Valve		Size 4"		Q.O.D.		Year 2015						
	Make		Model		Serial No.		Make		Model		Serial No.		
	Reliable		D										
	Time to Trip Thru Test Pipe		Water Pressure		Air Pressure		Trip Point Air Pressure		Time Water Reached Test Outlet		Alarm Operated		
	Mln	Sec	PSI		PSI		PSI		Mln	Sec	Yes	No	
	Without Q.O.D.		25		75		38		12		18		X
With Q.O.D.													

INSPECTOR'S INITIALS: _____

OWNER / DESIGNATED REP. INITIALS: _____

DATE: _____